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Title of	Invention	X-RAY EXA	MINATIO	N APP	ARATUS /	AND ME	THO	)				
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	Address o	f Applicant										
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Application Data Sheet 37 CFF		1.76	1.76 Attorney Docket Number			NL 040294			
			Application Number						
Title of	Invention X-R	AY EXAMINATIO	ON APPA	ARATUS AI	ND METHOD	)			
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Addre	ss 2								
City	Eindhoven				State	/Provir	nce		
Postal	Code	5656 AA			Country	NL			
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NL 040294

Арриоци	on Data O	icci or or it in o	Applica	ation Numbe	r					
Title of Inver	ntion X-R	AY EXAMINATION APP	ARATUS /	AND METHOR	)					
Mailing Add	dress of App	licant:							_	
Address 1		Prof. Hoistlaan 6	rof, Hoistlaan 6							
Address 2										
City	Eindhoven		State	/Provin	ce					
Postal Code	e	5656 AA		Countryi	NL					
	All Inventors Must Be Listed - Additional Inventor Information blocks may be generated within this form by selecting the Add button.									
Correspo	ndence	Information:								
		Number or complete see 37 CFR 1.33(a).	the Corr	espondenc	e Inform	ation s	ection I	oelow.		
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Customer N	lumber	24737								
Email Addre	ess	jeanne.rusciano@pi	hilips.com				Add	d Email		Remove Email
Application	on Infor	nation:								
Title of the	Invention	X-RAY EXAMINAT	ION APPA	RATUS AND	METHO	)				
Attorney Do	ocket Numb	er NL 040294	NL 040294			Small Entity Status Claimed				
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Request Not to Publish. I hereby request that the attached application not be published under 35 U.S.C. 122(b) and certify that the invention disclosed in the attached application has not been and will not be the subject of an application flight in another country, or under a multilateral agreement, that requires publication at eighteen months after filing.										
Banrasa	ntativa le	oformation.								

Application Data Sheet 37 CFR 1 76

Representative information should be provided for all practitioners having a power of attorney in the application. Providing this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1 32). Enter either Customer Number or complete the Representative Name section below. If both sections are completed the Customer Number will be used for the Representative Information during processing. Please Select One: Customer Number US Patent Practitioner ○ US Representative (37 CFR 11.9) Customer Number 24737

Add

Date (YYYY-MM-DD) 2006-09-08

Application Data Sheet 37 CFR 1.76			Attorney Docket Number	NL 040294
	Application bata offeet of CFR 1.70		Application Number	
	Title of Invention	X-RAY EXAMINATION APPA	VRATUS AND METHOD	

## **Domestic Priority Information:**

This section allows for the applicant to claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c). Providing this information in the application data sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CFR 1.78(a)(2) or CFR 1.78(a) (4), and need not otherwise be made part of the specification.

Prior Application Status			Remove				
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)				
	non provisional of						
Additional Domestic Priority Data may be generated within this form by selecting the Add button.							

# Foreign Priority Information:

This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).

		Ri	amove				
Application Number	Country i	Parent Filing Date (YYYY-MM-DD)	Priority Claimed				
04101181.8	EP	2004-03-23	Yes ○ No				
Additional Foreign Priority Data may be generated within this form by selecting the Add button.							

# Assignee Information:

Providing this information in the application data sheet does not substitute for compliance with any requirement of part 3 of Title 37 of the CFR to have an assignment recorded in the Office.

Assignee 1			Remove			
If the Assignee is an O	Organization check here.	<b>Z</b>				
Organization Name KONINKLUKE PHILIPS ELECTRONICS, N.V.						
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Address 1	GROENEWOUDSEWEG	1				
Address 2						
City	EINDHOVEN	State/Province				
Country   NL	,	Postal Code	5621 BA			
Phone Number		Fax Number				
Email Address						

# button. Signature:

/Michael F Marion/

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature

Additional Assignee Data may be generated within this form by selecting the Add

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Application Data Sheet 37 CFR 1.76			Attorney Docket Number	NL 040294	
			Application Number		
Title of Invention X-RAY EXAMINATION APPA			RATUS AND METHOD		
First Name Michael E. Last Name			Marion	Registration Number	32,266

This collection of information is required by 37 CFR 1.76. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 23 minutes to complete, including gathering, preparing, and submitting the completed application data sheet form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450,

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